

In re U.S. Patent Application of

Art Unit 1773

Examiner

Rickman, Holly C.

Attorney Docket No. NITT.0147

**Honorable Assistant Commissioner
for Patents
Washington, D.C. 20231**

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

| FOR | TOTAL WITH NEW CLAIMS ADDED | TOTAL CURRENTLY ON FILE | CLAIMS PAID | RATE | CALCULATION |
|---|-----------------------------------|-------------------------------|-------------|---------|-------------|
| Total Claims | 16 | 20 | (Over 20) | x \$18 | 0.00 |
| Independent Claims | 2 | 3 | (Over 3) | x \$88 | 0.00 |
| MULTIPLE DEPENDENT CLAIM(S) | | | | + \$300 | 0 |
| REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED | | | | x ½ | |
| | | | TOTAL | | 0.00 |

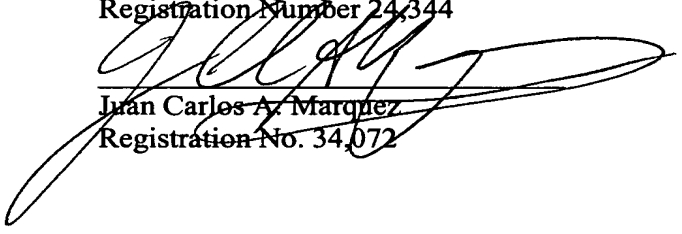
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

| | |
|--|---|
| <input checked="" type="checkbox"/> Supplemental Response to Office Action | <input checked="" type="checkbox"/> Petition for Ext. of Time (3 month) |
| <input type="checkbox"/> Substitute Specification & marked-up copy | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> Preliminary Amendment | <input type="checkbox"/> Letter to Draftsperson |
| <input type="checkbox"/> Other | <input type="checkbox"/> Assignment |

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [] A check in the amount of **\$0.00** to cover the fee a is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

Stanley P. Fisher
Registration Number 24,344



Juan Carlos A. Marquez
Registration No. 34,072

REED SMITH LLP
3110 Fairview Park Drive
Suite 1400
Falls Church, Virginia 22042
(703) 641-4200
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